Availability of and access to antiemetics needed for the prevention of chemotherapy induced nausea and vomiting after HEC and carboplatin in Serbia

Zilic A, Bosnjak S, Popovic I
Institute for oncology and radiology of Serbia
### Faculty Disclosure

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[www.mascc.org/meeting]
• Management of cancer predicted by the availability of/access to anticancer medications!

• Management of cancer sy/treatment toxicities predicted by the availability of/access to supportive care medications
Situation in Serbia (2018.)

- Last list of meds reimbursed by RHIF: full reimbursement of several new anticancer medications (immunotherapy, targeted agents)

- What about supportive care medications?
Objective

- To evaluate availability, access and affordability of antiemetics recommended by the MASCC/ESMO guidelines (2016)

- Focus on the NK1RAs, 5HT3RAs, and DEX recommended for the prevention of CINV after HEC (non-AC and AC) and carboplatin

Methods

• Availability: registration and marketing authorisation

• Accessibility: fully / selectively reimbursed or paid by the patient

• Affordability: cost when paid out-of-pocket
## Results

### NK1 RAs

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<th>ROLA</th>
<th>NEPA</th>
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- APR and NEPA reimbursed ONLY for CDDP, out-of-pocket cost: 53€ and 63€
- NK1 RAs not accessible for AC, non-AC (other than cisplatin) and carboplatin

Results
5HT3 RAs

- OND, GRAN both available and accessible

- PALO reimbursed ONLY for CDDP, out of pocket cost: 50 €
Results

• Dexamethasone tbl 4mg, 8mg not reimbursed, out-of-pocket cost: 10€/20tbl

• Olanzapine use as an antiemetic is off-label

• OFF-LABEL use is not recognized as legitimate in Serbia!
Conclusions:

• 2018. – better access to anticancer medications in Serbia

• Guidelines-recommended prevention of CINV for HEC-AC, HEC non-AC (except cisplatin) and carboplatin is not possible

• Implementation of MASCC/ESMO & ASCO CINV guidelines is only partially possible!